## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifica	ed below or directed oth	ng the Patent, advance of herwise in Block 1, by (a	rders and notification of rate a) specifying a new corres	naintenance fees will pondence address; a	I be mailed to the current nd/or (b) indicating a sepa	correspondence address a trate "FEE ADDRESS" fo
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				c) Transmittal This	ailing can only be used for certificate cannot be used for paper, such as an assignme of mailing or transmission.	or any other accompanying
24011 SILVERBROC 393 DARLING BALMAIN, NS' AUSTRALIA	OK RESEARCH I STREET		<u> </u>	Certif	ricate of Mailing or Trans Fee(s) Transmittal is being h sufficient postage for firs stop ISSUE FEE address 0 (571) 273-2885, on the d	mission
AUSTRALIA		\\\\ <del>\\\</del> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\				(Depositor's name)
		7778				(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/693,978	10/28/2003		Kia Silverbrook		ZG006US	6497
TITLE OF INVENTION	: METHOD OF FABRI	CATING AN INKJET PR	RINTHEAD CHIP FOR US	SE WITH A PULSAT	TING PRESSURE INK SU	PPLY
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	TEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/31/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS			
TRAN, BINH X 1765		1765	216-027000	•		
1. Change of corresponde CFR 1.363).	ence address or indication	n of "Fee Address" (37	2. For printing on the p		•	
′	ondence address (or Cha 3/122) attached.	inge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
	ication (or "Fee Address 2 or more recent) attach	" Indication form ned. Use of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			THE PATENT (print or type	,		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed a recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment 10/13/2006 MAHIED2  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  0000016 10693978						
Silverbrook Research Pty Ltd			300.0			1400.00 OP 300.00 OP
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are submitted:  1 Issue Fee  1 Publication Fee (No small entity discount permitted)  1 Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
Change in Entity Sta	tus (from status indicate	d above)	overpayment, to Depo	Sit Account Number	(enclose al	rextra copy of this form).
a. Applicant claim	s SMALL ENTITY statu	us. See 37 CFR 1.27.			ENTITY status. See 37 CF	
NOTE: The Issue Fee an nterest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other than the Office.	ne applicant; a registe	red attorney or agent; or th	e assignee or other party in
Authorized Signature		N		Date\\	7200 TevaUA	6
Typed or printed name KIA SILVERBROOK Registration No. —						

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.